

CITY OF BEDFORD

BUILDING DEPARTMENT

165 Center Road, Bedford, Ohio 44146
(440) 735-6530/phone – (440) 232-1558/fax



APPLICATION FOR CERTIFICATE OF RENTAL INSPECTION

(BEDFORD CODIFIED ORDINANCE CHAPTER 1311)

OWNER OF PROPERTY _____ DATE OF INSPECTION _____

OWNER ADDRESS _____ TELEPHONE NO. _____

CITY, STATE, ZIP _____ FAX NO. _____

COMPLETE THE SECTION APPLICABLE TO YOUR PROPOSED USE:

(A) FOR STORE FRONTS AND COMMERCIAL USES:

Name of store or business _____

Property address _____ telephone no. _____

Principal officer _____ (Social Security number) _____

federal tax ID: _____

Type of business _____ fax no. _____

Web site (will be included as a link from the City's site) _____

(B) FOR DWELLING UNIT RENTALS: (Please Print)

Tenant name(s) _____

Property address _____ Apt. no. _____

Number of occupants _____ Social security number(s) _____
(Adult Tenants)

DATE LEASE WILL BEGIN/END: _____

Signature of owner or agent

Title

INSPECTOR'S REPORT:

FEE: \$50.00

Building Inspector

NOTICE:

This is a visual inspection. The city assumes no liability or responsibilities for failure to report violations that may exist and makes no guarantee whatsoever that future violations cannot, or will not, occur.